

CANNON BUILDING 861 SILVER LAKE BLVD., SUITE 203 DOVER, DELAWARE 19904-2467

STATE OF DELAWARE DEPARTMENT OF STATE DIVISION OF PROFESSIONAL REGULATION GAMING CONTROL BOARD

TELEPHONE: (302) 744-4500 FAX: (302) 739-2711 WEBSITE: DPR.DELAWARE.GOV

BINGO AFTER OCCASION REPORT

This report must be filed with the Delaware Gaming Control Board within thirty (30) calendar days after the conclusion of this event or if the event is cancelled.

1.	Name of Sponsoring Organization:			
2.	Permit Number: BE-			
3.	Location of event:			
4.				
5. Number of "standard" games played:				
6.	Number of "cookie jar" games played:			
7.	Number of players:			
8.	Total gross receipts:			
	(a) Receipts from admission	\$		
	(b) Receipts from all games	\$		
	(c) Receipts from food & beverage sales	\$		
	(d) Other receipts	\$		
			TOTAL \$	
	Total expenses:			
	(a) Total cost of all prizes excluding Instant Bingo	\$		
	(b) Cost of use of event premises	\$		
	(c) Cost of equipment rental	\$		
	(d) Cost of (bingo) supplies used	\$		
	(e) Cost of bookkeepers or accountants	\$		
	(e) Other (attach description)	\$		
			TOTAL \$	
9.	NET PROFITS (Subtract TOTAL EXPENSES from TO	TAL GROSS F	S RECEIPTS above): \$	
10	Name(s) and address of member(s) in charge:			
11	Purpose(s) for which the event's net proceeds will be us	ed:		
Un	der penalties of perjury I do hereby state under oath that all sta	tements in the fo	e foregoing report are true and correct and that	the
	me was conducted in accordance with the provisions of the laws			
	verning the conduct of such games.	ŕ		
PR	INT NAME OF MEMBER-IN-CHARGE:			

SIGNATURE OF MEMBER-IN-CHARGE: